

MEDIATION REQUEST FORM

1. Tell us about you:

I am requesting services for myself.

Screening:

I live or work in Hennepin County. (If not, go to communitymediationminnesota.org)

There is no history of domestic abuse.

I am referring someone to CMRS. I am:

- Police City School
 Property Manager Court Attorney Other

The parties know about this referral: Yes No

MAIL: CMRS, Inc
 9220 Bass Lake Road, Suite 270
 New Hope, MN 55428
FAX: (763) 561-0266 **PH:** (763) 561-0033
EMAIL: staff@CMRSmn.org
www.CMRSmn.org

2. How did you learn about CMRS services? _____

3. What is your contact information?

Name: _____ Email: _____ Phone: _____
 Address: _____

4. Who would you like us to invite to participate? (Include additional sheets as needed)

<p>Participant 1: _____</p> <p>Address _____</p> <p>Address _____</p> <p>Phone: _____</p>	<p>Participant 3: _____</p> <p>Address _____</p> <p>Address _____</p> <p>Phone: _____</p>
<p>Participant 2: _____</p> <p>Address _____</p> <p>Address _____</p> <p>Phone: _____</p>	<p>Participant 4: _____</p> <p>Address _____</p> <p>Address _____</p> <p>Phone: _____</p>

5. What kind of dispute?

- Business/Consumer Interpersonal Property Issue School
 Citizen-Agency Juvenile Offenders Victim-Offender Family
 Landlord-Tenant Neighborhood Harassment Other

6. Provide a brief description of the dispute/situation (Police: please include your report): _____

7. Availability

I am generally available: Weekdays Evenings Weekends

*Real people * Real conversations * Real solutions.*